African women who are empowered tend to have sex less frequently, according to a new study. The research, published in the Journal of Sex Research, is the first to link sex frequency to women’s autonomy, according to lead author Michelle Hindin, PhD, MHS, an associate professor in Population, Family and Reproductive Health.

The study analyzed data from about 24,000 married women in six sub-Saharan countries, appeared online in February in the Journal of Sex Research. The researchers conducted periodic Demographic and Health Surveys and found signs of a strong relationship between women’s autonomy and their sex frequency. The survey round of the client exit evaluation was conducted (September-November 2018) in Abeokuta and other central urban areas of Ogun state. The full results are accessible at site dashboards at pma2020.org/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.

Key Results

- In Ogun, 1,707 clients (74% female) were interviewed at the 112 public and 105 private facilities.
- Male condoms and implants were the most common methods used among clients interviewed at public facilities, and male condoms, injectables, and pills were the most common methods used among clients surveyed at private facilities.
- Female clients interviewed at public and private facilities were more likely to choose their contraceptive method themselves (62% and 71%, respectively), than with a partner or provider.
- A high percentage of young clients (18-24 years) report providers explaining how to use contraceptive methods at private hospitals (73%), but levels were low or nil at all other facility types.
- Female clients of all age groups, interviewed at public facilities, were more likely to be told when to come for a follow-up visit compared to those interviewed at private facilities. Clients aged 18-24 years were least likely to be provided with follow-up information.
- Female clients report relatively high levels of satisfaction with family planning services.
- Less than one-fifth of male clients who are not currently using a contraceptive method intend to use in the future.
- Among female clients interviewed at Ogun facilities, 57.8% consented and completed a follow-up interview four months later.
- At the follow-up interview, 16.1% of female clients were still using the method they reported at baseline, 5.8% had switched methods, and 13.6% had stopped using a method; 12.6% began using a method and 51.9% remained non-users.

The researchers then took into account several factors already known to influence sexual frequency, such as women’s age and the number of children they had. They also looked at the subnational level, which includes factors such as local government involvement, cultural practices, and the availability of family planning services. Some research indicating that cultural practices make it less enjoyable than it could be. “It’s not to say that sex is never enjoyable for women or that women aren’t capable of having sex they enjoy,” Hindin says. “But it’s a possibility. What causes this linkage isn’t clear, but it’s the first time we’ve seen evidence of an association between women’s empowerment and their own decision-making about sex.”

The researchers focused on the subsequent round when the client follow-up survey was conducted (September-November 2018) in Abeokuta and other central urban areas of Ogun state. The full results are accessible at site dashboards at pma2020.org/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.
EDUCATIONAL COMPOSITION OF CLIENT SAMPLE
Percent distribution of education levels of clients interviewed

Female clients interviewed at public facilities tended to have less education than those accessing private facilities. Male clients using private facilities were the most educated.

CLIENT METHOD COMPOSITION
Most clients interviewed at public facilities who contracept are using male condoms (41%) or implants (32%). Among contracepting clients interviewed at private facilities, most are using male condoms (45%), followed by injectables (14%) and pills (13%).

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD
Among public and private facilities, the majority of women report choosing their contraceptive method, 62% and 71% respectively. In private facilities, 6% of women report their method of contraception was chosen by the provider, while none report a provider-selected method in public facilities.

PERCENT OF YOUTH CLIENTS (AGE 18-24) REPORTING A PROVIDER EVER EXPLAINED HOW TO USE THE METHOD AT ANY VISIT, BY FACILITY TYPE
Youth clients reported high levels of explanation on how to use contraceptive methods from private hospitals (73%), followed by public health centers (30%), then pharmacies (6%). No youth clients reported receiving an explanation about methods from chemists, health posts, or maternity clinics.
Over half of female FP clients interviewed at public facilities report ever being told what to do about side effects at their FP visit. Female clients of all age groups, interviewed at public facilities, were more likely to be told when to come for follow-up compared to those interviewed at private facilities. Clients aged 18-24 years were least likely to be provided with follow-up information.

### PERCENT OF FEMALE CLIENTS TOLD WHAT TO DO ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE

<table>
<thead>
<tr>
<th>Age group</th>
<th>Public</th>
<th>Private</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>66.7%</td>
<td>0.0%</td>
<td>31.1%</td>
<td>5.6%</td>
</tr>
<tr>
<td>25-34</td>
<td>62.3%</td>
<td>80.9%</td>
<td>49.4%</td>
<td>38.9%</td>
</tr>
<tr>
<td>35+</td>
<td>80.5%</td>
<td>33.0%</td>
<td>58.4%</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

*Among female FP clients  **Among all female clients

### INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

- **Would recommend/return to this facility**: Public 98.2%, Private 95.4%
- **Service here better/much better than other facilities**: Public 90.1%, Private 81.3%
- **Treated politely/very politely**: Public 100.0%, Private 100.0%
- **FP information was clear/very clear**: Public 97.5%, Private 88.7%

Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility. The average wait time was slightly longer in public than private facilities.

### AVERAGE WAIT TIME

- Public: 40 MIN
- Private: 20 MIN

### MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors

- **Non-contraceptors intending future use**: Public 13.5%, Private 7.7%
- **Report seeing FP message on TV**: Public 27.6%, Private 40.6%
- **Report hearing FP message on radio**: Public 51.0%, Private 47.0%
- **Discussed FP with partner**: Public 19.0%, Private 35.2%
- **Paid fee for contraception**: Public 0.0%, Private 100.0%

All male clients interviewed at private facilities report that they paid for contraception. No male clients interviewed at public facilities reported paying. Only 20% of male clients interviewed at private facilities have discussed family planning with their partner, compared to 35% interviewed at private facility clients. Over half of male clients interviewed at private facilities report exposure to FP messages on radio; while 41% of male public facility clients report exposure to FP on television. Less than one-fifth of male clients not now using family planning intend to use in the future.
PMA AGILE SAMPLE

PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client’s selection probability which is a function of the SDP’s average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.